State of California — Department of Insurance

# Prelicensing/Continuing Education Program
# Provider Certification/Renewal Application

446-2 (Rev. 9/2000)

**Producer Licensing - Education Unit**
320 CAPITOL MALL
SACRAMENTO, CA 95814-4309
www.insurance.ca.gov
Information (916) 492 - 3064

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|---|---|---|---|---|---|---|
| 1. | Check one only: | ☐ Original filing | ☐ Renewal<br>☐ Change of Provider Director | Provider Number: _____ | DEPARTMENT USE ONLY:<br>Provider Number _____<br>Effective date: _____<br>BY: Date: | |
| 2. | Check one only: | ☐ Continuing Education | ☐ Prelicensing Education | | | |
| 3. | Entity Type: | ☐ Sole Proprietor SSN _____<br>☐ Partnership FEIN: _____ | ☐ Corporation FEIN:_____<br>☐ Association FEIN:_____ | | | |
| 4. | Entity name: | | | | | |
| 5. | Does the organization intend to use a fictitious (DBA) name? _____ Yes _____ No<br>If YES, list such name:<br>(Name must be approved by the Department prior to use) | | | | | |
| 6. | Business Address*: | Number/Street (PO Box is not acceptable) | | | | |
| | | City/State/Zip | | | | |
| | * If located outside of California, attach completed Form 446-40, Out-of-State Provider Jurisdiction Agreement. | | | | | |
| 7. | Mailing Address: | Number/Street/PO Box | | | | |
| | | City/State/Zip | | | | |
| 8. | Phone Numbers: | Toll free ( ) | Business ( ) | Fax ( ) | | |
| 9. | Record Storage Address**: | Number/Street (PO Box is not acceptable) | | | | |
| | | City/State/Zip | | | | |
| | ** If address is outside of California, attach completed Form 446-32, Stipulation To Maintain Records Outside of California. | | | | | |
| 10. | Record Storage Contact Person: | Last | First | Middle | | |
| | | Business Phone ( ) | Fax number ( ) | | | |

**PROVIDER DIRECTOR:** Individual within a provider organization with responsibility for the administration of the programs approved by the Commissioner pursuant to Sections 1749 and 1749.3 of the California Insurance Code.

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| 11. | Provider Director Name: | Last | First | Middle |
| 12. | Residence Address: | Number/Street | | |
| | | City/State/Zip | | |
| 13. | Phone Numbers: | Residence ( ) | Business ( ) | Fax ( ) |

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| 14. | E-mail Address: | |
| 15. | Provider Director Qualifications (experience [i.e. insurance, teaching], professional designations, degrees, licenses held, etc.) | |
| 16. | Is this organization now using or has it ever used any name other than listed in #4 or #5 above? _____ Yes _____ No | |
| | If YES, list such names and dates used: | |
| 17. | Has the organization submitted to the Department within the last year, a filing for which an approval has not been issued? _____ Yes _____ No If YES, list name under which the filing was made and date filed: | |

**COMPLETE THE AREA BELOW FOR YOUR ORGANIZATION TYPE.** (Attach additional sheets if more space is needed.)

18) CORPORATE APPLICANT: Complete the following **and** attach a copy of the articles of incorporation. (If you are an admitted insurer and there have been no changes in officers, directors or stockholders (any shareholder owning 10% or more interest in the organization) since last official filing with the Department submit a letter stating such. If there have been changes, the following must be completed.)

| | Name: Last, First Middle | Residence Address | Social Security No. * |
|---|---|---|---|
| President | | | |
| Vice President | | | |
| Secretary | | | |
| Treasurer | | | |
| Director | | | |
| Director | | | |
| Director | | | |
| Stockholder | | | |
| Stockholder | | | |

19) PARTNERSHIP APPLICANT: List name and address of all partners and attach copy of the partnership agreement. If no agreement, submit letter signed by all partners.

| Partner Name: Last, First Middle | Residence Address | Social Security No. * |
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20) SOLE PROPRIETOR or ASSOCIATION APPLICANT: List name and address of proprietor or all officers, directors and shareholders of association and attach copy of articles of association. If no articles, submit letter stating such.

| Name: Last, First Middle | Residence Address | Social Security No. * |
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*PERSONAL INFORMATION NOTICE: Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1997 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.2 of the IPA of 1997. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

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| 21. | Is there any person within the organization, other than listed in question (18), (19), or (20), who acts in the capacity of a Controlling Person as defined in Section 1668.5 of the California Insurance Code, who possesses decision making authority in matters pertaining to prelicensing and/or continuing education? __ YES __ NO<br>If YES, list name, residence address, and social security number of such person(s): attach a separate sheet if more space is needed. _____ |
| 22. | Has the organization or have any of its partners, members, controlling persons, officers, directors, or any shareholders owning a 10% or more interest in the organization, been the subject of any administrative agency disciplinary action? For the purpose of this question, administrative agency disciplinary action includes but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order.<br>_____ YES _____ NO |
| 23. | Has the organization or have any of its partners, members, controlling persons, officers, any shareholders owning a 10% or more interest in the organization, ever been convicted of a crime? _____ YES _____ NO<br>"Crime" includes a felony or misdemeanor and military offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge dismissed, expunged or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses. |

**IMPORTANT NOTE:** If the answer is "YES" to question (22) or (23) above, attach a detailed statement, signed by an authorized person for the organization, listing the events which led to the charges (dates and places). If the matter was heard in court, attach copies CERTIFIED BY THE COURT of the Criminal Complaint and the Sentencing Minute Order showing the final plea, judgment and sentence. If any disciplinary action was taken by an administrative agency, attach a certified copy of the action.

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| 24. | Is the organization registered with the Bureau for Private Postsecondary & Vocational Education? _____ Yes _____ No<br>If YES, list approval number: _____ |
| 25. | Describe the organization's experience in offering educational programs to insurance licensees: Attach separate sheet if more space is needed. |
| 26. | Provide a complete statement of your refund policy and describe how this policy will be transmitted to students before registration (submit sample): |
| 27. | Indicate instruction method of courses to be offered: ☐ Contact (attendance required) ☐ Non-Contact (self-directed) ☐ Both Contact and Non-Contact |
| 28. | For Contact courses, the following information is required:<br>1) Sample of attendance record forms proposed for use meeting the requirements of California Code of Regulations Section 2188.5(b).<br>2) Sample of Certificate of Completion (see Section 2188.8(a) & (d) of the California Code of Regulations). |
| 29. | For Non-Contact courses, a statement providing the following information is required:<br>1) How long do students have to complete the course and how is that information transmitted to them?<br>2) What is your method for determining what date to use for course completion date and how is that information communicated to students?<br>3) Please supply information about protecting the integrity of the exam: who has control of the answer key(s); what is a passing grade; if someone fails the exam may they retake the exam and, if so, how many times and would it be the same exam; and do you return exams to students or discuss the answers with them?<br>4) Please enclose copy of your instruction sheet that goes to the student upon registration.<br>5) Sample of Certificate of Completion (see Section 2188.8(a) & (d) of the California Code of Regulations). |

**CERTIFICATION**

I agree to (a) maintain records of enrollments, attendance, exam grades and other pertinent information as requested by the commissioner for a period of five years (b) provide certificates of completion to those students who successfully complete courses (c) use only qualified instructors to conduct courses (d) timely provide the commissioner with completed course approval applications for programs submitted for credit approval, and (e) comply with the prelicensing and continuing education regulations and all applicable California Insurance Code sections. Further, I certify under penalty of perjury that I am the person who has responsibility for the administration of the operations contained in this application; that the information contained in this application is true and correct; and that no approved course will be offered for credit unless the organization holds an active provider approval status. Lastly, I understand that I must promptly report to the commissioner any changes in the information contained in this form.

_____

Original Signature of Provider Director Date

_____

Print name

FILING INSTRUCTIONS:

This form must be completed by each entity desiring to be certified or to renew certification as a prelicensing or continuing education provider.

Type or print clearly in ink. All sections of this form must be completed and submitted with proper attachments and filing fees to the Department.

Attach additional sheets if more space is needed to answer questions.

Please send this completed application, other required attachments and a NON-REFUNDABLE $55.00 filing fee to:

Make checks payable to:

California Department of Insurance
License Bureau - Education Unit
320 Capitol Mall
Sacramento, CA 95814-4309

Education Unit Inquiries: (916) 492-3064